

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/926177**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
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TOTAL IND.	2									
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TOTAL CLAIMS	8									
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TOTAL IND.										
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS